Name In Full

Certificate of Death

Geo. W. L. Buckler

Town: Laurel Grove

County: St. Mary's

Died at: MARYLAND

Date 1904: Month Feb. Day 20th.

Age: Y. 76 M. D.

Native of: Md.

Occupation: Farmer

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / Widower

~~Divorced~~

Number of children living Seven

Husband of ~~Wife~~ Victoria McGinley

Father's Name: Geo. W. L. Buckler

Mother's Maiden Name: Miss Gallone

Cause of Death: Primary: Paralysis

Immediate: ~~Suffocation~~

How long sick: 2 years

~~Accident, Suicide, Homicide~~

Reported by: Zach. R. Morgan, M. D.

Address: Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Harry Chesser

Died at Town: St. Kenneland County: St. Mary's MARYLAND

Date 1904 — Month: Feb. Day: 6th | Age Y.: 24 M.: — D.: — | Native of: Maryland | Occupation: sailor

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Husband~~ of Wife

Father's Name: Wm. O. Chesser Mother's Maiden Name: Anna Wallon,

Cause of Death: Primary — Immediate: Tuberculosis 2) How long sick: 6 months

~~Accident, Suicide, Homicide~~

Reported by: T. Hoopes Lynch, M.D.

Address: Valley Lee, St. Mary's Co'nd,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Ann Freeman

Town

Hollywood

County

St Mary's

Died at

MARYLAND

Month Day Y. M. D. / Native of

Occupation

Date 1907 2 11 Age 90 Md

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Old Age 1 5 4 How long sick

Immediate

Accident, Suicide, Homicide

Reported by J. V. King

Address Dorsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65080

Name in Full

Certificate of Death

James Ernest Gallon

Town

Died at Green Flat

County

St Mary's

MARYLAND

Date 19[illegible]

Month 2 Day 2

Age Y. 1 M. " D. "

Native of Md

Occupation Oyster

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / ~~Single~~ / Widow / Widower

~~Divorced~~ / ~~Number of children living~~

Husband of

Wife

Father's Name M. L. Gallon

Mother's Maiden Name Lucy N. Elliott

Cause of Death

Primary Pneumonia

Immediate

How long sick 8 days

93

Accident, Suicide, Homicide

Reported by L. W. Kinsey

Address Coltons Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Name in Full: Roberta Holley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Palmers; County: St. Mary's

Date of death 1904: Month: 2; Day: 20

Age: Years: 17; Months: 5; Days: 5

Sex: Female; Color or Race: Colored; Birthplace: md

Married, Single or Widowed: Single; Occupation: Housegirl

Name of Wife or Husband:

Father's Name: James Holley; Father's Birthplace: md.

Mother's Maiden Name: Lizzie Branson; Mother's Birthplace: md

Name of person giving information: Stephen Meade; How related to deceased:

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Parenchymatous Nephritis; How long: 5 months

Immediate: Coma; How long: about 6 hours

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Robt. V. Palmer

Address: Palmers md.

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full Michael Kelly

Certificate of Death

Town Hebron County St Mary's MARYLAND

Died at Hebron

Date 1894 Month 2 Day 8 | Age Y. 30 M. D. | Native of Md | Occupation Lumberman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

166

Cause of Death — Primary: Thrown from Buggy

Immediate: Strangulation

How long sick

Accident, ~~Suicide, Homicide~~

Reported by J. D. King

Address Hebron Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65058

Name in Full Henry Knott — Certificate of Death

Died at Town: Morganza — County: St Mary's — MARYLAND

Date: Month Aug — Day 25 — Age: Y. 90 M. D. — Native of: Md — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 3

Husband of
Wife

Father's Name

Mother's Name 18

Cause of Death — Primary: Erysipelas — How long sick: 2 mos

Immediate: Blood Poison — Accident, Suicide, Homicide

Reported by J. O. King.

Address Port Tobacco Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificate of Death

Marion E. Neale

Died at Town: Leonardtown County: St Marys MARYLAND

Date 1904 Month: Feb. Day: 26 | Age Y. 59 M. D. | Native of Charles Co Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living three

~~Husband~~ Wife of Philip H. Neale

Father's Name | Mother's Maiden Name

120

Cause of Death: Primary Chronic Bright's

Immediate Asthenia

How long sick last year

~~Accident, Suicide, Homicide~~

Reported by R F Greenwell

Address Leonardtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 20222

Name in Full

Certificate of Death

Ann Maria Cullison Russell

Town

County

Died at residence of Her son St Marys Co MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1904 Feb Sunday Age 73 Housekeeping

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 7

Husband of William Henry Russell

Wife

Father's Name William Henry Cullison

Mother's Name Permelia Cullison

Cause of Death: Primary Heart disease 7y How long sick 1 week

Immediate Congestion of lungs

Accident, Suicide, Homicide

Reported by (Mrs) Dent

Address Oakley Md

Must be signed by physician, if any in attendance, otherw[illegible]r, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Dezzell Shermantine — Certificate of Death

Died at Town St Marys County MARYLAND

Date 1904 Month Feb Day 25th — Age Y. 24 M. 1 D. 21 — Native of St Marys — Occupation

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — Divorced

Husband of Wife

Number of children living

Father's Name Benj. F. Shermantine — Mother's Name Eliza Shermantine

Cause of Death — Primary 21 — How long sick 2 yrs

Immediate Phthisis Pulmonales — Accident, Suicide, Homicide

Reported by Denny Richardson - M.D

Address Great Mills St Marys Co Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Margaret Tippett

Town

County

Died at Her home St. Mary's MARYLAND

Date 1904	Month Day	Age Y. M. D.	Native of	Occupation
	Feb. 19	60	Md.	Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Ten

~~Husband~~ Wife of Hilary B. Bowles

Father's Name Wm. Tippett

Mother's Maiden Name Don't Know

Cause of Death: Primary 176

Immediate Nervous exhaustion

How long sick Several years

~~Accident, Suicide, Homicide~~

Reported by Zach. R. Morgan, M. D.

Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78909

Name in Full

Certificate of Death

Susan Whalen

Town

County

Died at Mechanicsville St. Mary's MARYLAND

Date 1904	Month Day	Age Y. M. D.	Native of	Occupation
	Feb. 16	22	Md	Housewife

~~Male~~ Femele ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower Divorced

Number of children living one

~~Husband~~ Wife of John Mason

Father's Name Samson Whalen Mother's Maiden Name Don't Know

Cause of Death: Primary A fall

Immediate Peritonitis

466

How long sick

~~Accident~~ Suicide ~~Homicide~~

Reported by Zach. R. Morgan, M. D.

Address Mechanicsville Maryland.

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70000

Name In Full Wallace Whalen

Certificate of Death

Town Drayden County St. Mary's MARYLAND

Died at

Date 1904	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	July	12		one		14	Maryland	None

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ / Wife of 92

Father's Name George Whalen Mother's Maiden Name Sarah Gladden

Cause of Death: Primary —

Immediate Capillary Bronchitis,

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by F. Harper Fuck, M.D.

Address Valley Lee, St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79393

Name in Full

Certificate of Death

John R. Lord.

Died at Town: Sandy Spring County: St Mary's MARYLAND

Date 1907 Month: 2 Day: 6 | Age Y.: 59 M.: D.: | Native of: Md | Occupation: Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name 120

Cause of Death: Primary Bright's Disease

Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. D. King.

Address Ashton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65188

Name in Full: Stillbon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bluestone — County: Anne Arundel

Date of death 1904	Month	Day	Age — Years	Months	Days
	2	12			

Sex: male — Color or Race: Colored — Birthplace:

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

179

Father's Name: John H. Young — Father's Birthplace: Md

Mother's Maiden Name: Lizzie Arnold Lindsay — Mother's Birthplace: Md

Name of person giving In formation: John H. Young — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long:

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robt. V. Palmer

Address: Palmer Md

Accident or Suicide?

LIBRARY BUREAU A88516